

<b>CLAIMS ONLY</b>							SERIAL NO.		FILING DATE				
							APPLICANT(S)						
CLAIMS							*		*		*		
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			IND.	DEP.	IND.	DEP.	IND.	DEP.	
IND.	DEP.	IND.	DEP.	IND.	DEP.								
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
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38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		3		↓		↓		↓		↓		↓	
TOTAL DEP.		14		↓		↓		↓		↓		↓	
TOTAL CLAIMS		17		↓		↓		↓		↓		↓	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS